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CONFIRMATION NO. 2434

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| SERIAL NUMBER<br>09/976,804 | FILING DATE<br>10/12/2001<br><br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1651 | ATTORNEY<br>DOCKET NO.<br>122790-00102 |
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/240,023 10/13/2000 *SB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 11/14/2001

|  |   |                           |                        |                       |                            |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>SB</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>PA | SHEETS<br>DRAWING<br>0 | TOTAL<br>CLAIMS<br>27 | INDEPENDENT<br>CLAIMS<br>4 |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 27557  
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TITLE  
 Cold storage solution for organ and biological tissue preservation

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|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>540 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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